

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

1199 32BJ/144 SERVICE EMPLOYEES INTERNATIONAL UNION HOME CARE POLITICAL ACTION FUND

ADDRESS (number and street) ▼

330 WEST 42ND STREET, 7TH FLOOR

☐ Check if different than previously reported. (ACC)

NEW YORK

NY

10036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00344531

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☒ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer KEVIN FINNEGAN

Signature of Treasurer

KEVIN FINNEGAN

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

1199 32BJ/144 SERVICE EMPLOYEES INTERNATIONAL UNION HOME CARE POLITICAL ACTION FUND

Report Covering the Period: From: M M / D D / Y Y Y Y Y 11 / 25 / 2014 To: M M / D D / Y Y Y Y Y 12 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</span> 2014		160689.20
(b) Cash on Hand at Beginning of Reporting Period.....	457209.88	
(c) Total Receipts (from Line 19) .....	28409.74	327072.17
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	485619.62	487761.37
7. Total Disbursements (from Line 31) .....	600.00	2741.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	485019.62	485019.62
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

1199 32BJ/144 SERVICE EMPLOYEES INTERNATIONAL UNION HOME CARE POLITICAL ACTION FUND

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	5		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	4

**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

1035.00

1625.00

(ii) Unitemized .....

27298.17

325127.16

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

28333.17

326752.16

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ►

28333.17

326752.16

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

76.57

320.01

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ►

28409.74

327072.17

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ►

28409.74

327072.17

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	600.00	2330.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	600.00	2330.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	411.75
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	600.00	2741.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	600.00	2741.75

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	28333.17	326752.16
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	28333.17	326752.16
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	600.00	2330.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	600.00	2330.00

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +9A-N5HCB  
.

Form/Schedule: F3XN

Transaction ID :

The unitemized contributions on line 11(a)(ii) of the Committee's January 31 Year-End report are from contributors whose aggregate contributions for the year totaled less than \$200 as of the close of the reporting period.

Form/Schedule:

Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

1199 32BJ/144 SERVICE EMPLOYEES INTERNATIONAL UNION HOME CARE POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

## **A. PAULETTE Abrams**

Mailing Address 69-33 KISSENA BOULEVARD  
3A

City State Zip Code  
Flushing NY 11365

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Social Concern Comm. Corp.

Occupation

HOME ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

11 / 30 / 2014

Transaction ID : SA11AI.4885

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

## **B. Soledad Abreu Pichardo**

Mailing Address 3419 FULTON ST  
229-2R

City State Zip Code  
BROOKLYN NY 11208

FEC ID number of contributing  
federal political committee.

C

Name of Employer

First Chinese Presb. CAHA, Cor

Occupation

HOME HEALTH ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 30 / 2014

Transaction ID : SA11AI.4890

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

## **C. MARIE BERNADOTTE**

Mailing Address 94-11 34 ROAD  
APT. 5E

City State Zip Code  
JACKSON HEIGHTS NY 11372

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SOCIAL CONCERN COMM. CORP

Occupation

HOME HEALTH ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

11 / 30 / 2014

Transaction ID : SA11AI.4912

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

1199 32BJ/144 SERVICE EMPLOYEES INTERNATIONAL UNION HOME CARE POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

## **A. MICHELLE BRUNACHE**

Mailing Address 1890 7 AVENUE  
APT. 2A

City State Zip Code  
NEW YORK NY 10026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNITED JEWISH OF EAST SIDE HAS

Occupation  
HOME ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2014

Transaction ID : SA11AI.4913

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

## **B. MARIE BRUNO**

Mailing Address P.O. BOX 70518

City State Zip Code  
BROOKLYN NY 11207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RIDGEWOOD BUSHWICK SENIOR HC

Occupation  
HOME ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2014

Transaction ID : SA11AI.4915

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

## **C. WAI CHEUNG**

Mailing Address 5419 90th STREET

City State Zip Code  
ELMHURST NY 11373

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FIRST CHINESE PRES. CAHA, CORP

Occupation  
HOME HEALTH ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2014

Transaction ID : SA11AI.4917

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

1199 32BJ/144 SERVICE EMPLOYEES INTERNATIONAL UNION HOME CARE POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

## **A. FUNG HING CHIN**

Mailing Address 1377 E 19TH STREET  
1/F

City State Zip Code  
BROOKLYN NY 11230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FIRST CHINESE PRESB. CAHA CORP

Occupation

PATIENT CARE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

11 / 30 / 2014

Transaction ID : SA11AI.4919

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

## **B. ROSANA CLERMONT**

Mailing Address 825 EAST 21 STREET

City State Zip Code  
BROOKLYN NY 11210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BUSHWICK STUYVESANT HEIGHTS HC

Occupation

HOME ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

11 / 30 / 2014

Transaction ID : SA11AI.4920

Amount of Each Receipt this Period

60.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

## **C. ROSANA CLERMONT**

Mailing Address 825 EAST 21 STREET

City State Zip Code  
BROOKLYN NY 11210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BUSHWICK STUYVESANT HEIGHTS HC

Occupation

HOME ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

12 / 31 / 2014

Transaction ID : SA11AI.4972

Amount of Each Receipt this Period

25.00

PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

1199 32BJ/144 SERVICE EMPLOYEES INTERNATIONAL UNION HOME CARE POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

## **A. ROSEMARIE DESTINE**

Mailing Address 533 EAST 96TH STREET  
APT 1R

City State Zip Code  
BROOKLYN NY 11212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RIDGEWOOD BUSHWICK SENIOR HC

Occupation

PATIENT CARE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

11 / 30 / 2014

Transaction ID : SA11AI.4922

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

## **B. MARIE DUPOUX**

Mailing Address 325 BEACH 57 STREET  
APT. 2A

City State Zip Code  
Far Rockaway NY 11692

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Social Concern Comm. Corp. HA

Occupation

HOME ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

11 / 30 / 2014

Transaction ID : SA11AI.4926

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

## **C. MYRLINE DUVELLA**

Mailing Address 4724 AVENUE K ( P.H.)

City State Zip Code  
BROOKLYN NY 11234

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bushwick Stuyvesant Heights. H

Occupation

HOME HEALTH ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 30 / 2014

Transaction ID : SA11AI.4928

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

1199 32BJ/144 SERVICE EMPLOYEES INTERNATIONAL UNION HOME CARE POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

## **A. Annerys Garcia**

Mailing Address 140 BRADHURST AVE #2G

City  
New York

State Zip Code  
NY 10039

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FEGS HOME ATTENDANT SERVICES

Occupation

PATIENT CARE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

11 / 30 / 2014

Transaction ID : SA11AI.4930

Amount of Each Receipt this Period

250.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

## **B. ROSE GARCON**

Mailing Address 1429 E/ 86 ST.  
#2FL.

City  
BROOKLYN

State Zip Code  
NY 11236

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNITED JEWISH OF EAST SIDE HAS

Occupation

HOME ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 30 / 2014

Transaction ID : SA11AI.4931

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

## **C. LUCIA GONZALEZ**

Mailing Address 1305 AMSTERDAM AVENUE  
12G

City  
NEW YORK

State Zip Code  
NY 10027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNITED JEWISH OF EAST SIDE HAS

Occupation

HOME ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

11 / 30 / 2014

Transaction ID : SA11AI.4932

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

290.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

1199 32BJ/144 SERVICE EMPLOYEES INTERNATIONAL UNION HOME CARE POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

## **A. BLOSSOM Griffiths**

Mailing Address 120-49 167 STREET  
1ST FLOOR

City State Zip Code  
Jamaica NY 11434

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Social Concern Comm. Corp. HA

Occupation

HOME HEALTH ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 30 / 2014

Transaction ID : SA11AI.4934

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

## **B. Thelma GUZMAN DE TORRES**

Mailing Address 1316 PURDY STREET  
BASEMENT

City State Zip Code  
Bronx NY 10462

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Social Concern Comm. Corp. HA

Occupation

HOME ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 30 / 2014

Transaction ID : SA11AI.4936

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

## **C. MARIE JOHNSON**

Mailing Address P.O. Box 32311

City State Zip Code  
Jamaica NY 11432

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Social Concern Comm. Corp. HA

Occupation

HOME ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 30 / 2014

Transaction ID : SA11AI.4938

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

1199 32BJ/144 SERVICE EMPLOYEES INTERNATIONAL UNION HOME CARE POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

**A. MARIE LORTHE**

Mailing Address 217-25 110 AVENUE

City

Queens Village

State

NY

Zip Code

11429

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Social Concern Comm. Corp. HA

Occupation

HOME ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

11 / 30 / 2014

Transaction ID : SA11AI.4941

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**B. XUE Mai**

Mailing Address 8752 18th Ave, Apt. 1E

City

Brooklyn

State

NY

Zip Code

11214

FEC ID number of contributing  
federal political committee.

C

Name of Employer

First Chinese Presb. CAHA, Cor

Occupation

HOME HEALTH ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 30 / 2014

Transaction ID : SA11AI.4943

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**C. Lynette Moore**

Mailing Address UNKNOWN

City

UNKNOWN

State

NY

Zip Code

10000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Social Concern Comm. Corp. HA

Occupation

HOME HEALTH ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

11 / 30 / 2014

Transaction ID : SA11AI.4971

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

1199 32BJ/144 SERVICE EMPLOYEES INTERNATIONAL UNION HOME CARE POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

## **A. Nery MUNOZ**

Mailing Address 202 ETNA ST APT 2

City

Brooklyn

State

NY

Zip Code

11208

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ridgewood Bushwick Senior HC I

Occupation

PATIENT CARE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

11 / 30 / 2014

Transaction ID : SA11AI.4945

Amount of Each Receipt this Period

30.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

## **B. DHANPATTIE Nandram**

Mailing Address 194-27 110 ROAD

City

Ozone Park

State

NY

Zip Code

11412

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Social Concern Comm. Corp. HA

Occupation

UNKNOWN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

11 / 30 / 2014

Transaction ID : SA11AI.4948

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

## **C. FLORALBA ORTEGA**

Mailing Address 680 MONROE STREET  
APT #5C

City

BROOKLYN

State

NY

Zip Code

11221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNITED JEWISH OF EAST SIDE HAS

Occupation

HOME ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

11 / 30 / 2014

Transaction ID : SA11AI.4949

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

1199 32BJ/144 SERVICE EMPLOYEES INTERNATIONAL UNION HOME CARE POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

## **A. HOPE PERKINS**

Mailing Address 570 STANLEY AVE APT 3G

City State Zip Code  
 Brooklyn NY 11207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Social Concern Comm. Corp. HA

Occupation

HOME HEALTH ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

11 / 30 / 2014

Transaction ID : SA11AI.4951

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

## **B. SUNILDA POLANCO**

Mailing Address 88-17 74TH PLACE

City State Zip Code  
 WOODHAVEN NY 11421

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNITED JEWISH OF EAST SIDE HAS

Occupation

HOME ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 30 / 2014

Transaction ID : SA11AI.4952

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

## **C. CHARLENE PRYCE**

Mailing Address 671 MIDWOOD STREET  
 2ND FL.

City State Zip Code  
 BROOKLYN NY 11203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CABS HOME ATTENDANTS SERVICES

Occupation

HOME HEALTH ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

11 / 30 / 2014

Transaction ID : SA11AI.4953

Amount of Each Receipt this Period

5.00

PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

35.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

1199 32BJ/144 SERVICE EMPLOYEES INTERNATIONAL UNION HOME CARE POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

## **A. Dulce Ramos**

Mailing Address 231 Eldridge St  
19

City State Zip Code  
New York NY 10002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

First Chinese Presb. CAHA, Cor

Occupation

HOME ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 30 / 2014

Transaction ID : SA11AI.4955

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

## **B. IGNACIA REYES**

Mailing Address 2453 ADAM CLAYTON POWELL  
APT 1A

City State Zip Code  
NEW YORK NY 10030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United Jewish of East Side HAS

Occupation

PATIENT CARE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 30 / 2014

Transaction ID : SA11AI.4957

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

## **C. TERESA RODRIGUEZ**

Mailing Address 378 SACKETT STREET  
#1L

City State Zip Code  
BROOKLYN NY 11231

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CABS HOME ATTENDANTS SERVICE

Occupation

HOME ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

11 / 30 / 2014

Transaction ID : SA11AI.4958

Amount of Each Receipt this Period

5.00

PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

65.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

1199 32BJ/144 SERVICE EMPLOYEES INTERNATIONAL UNION HOME CARE POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

**A. WAN RONG**

Mailing Address 50-21 228 STREET

City  
BAYSIDE

State Zip Code  
NY 11364

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FIRST CHINESE PRESB. CAHA CORP

Occupation

HOME HEALTH ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2014

Transaction ID : SA11AI.4960

Amount of Each Receipt this Period

40.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**B. PAULETTE ROYAL**

Mailing Address 123-65 147 STREET  
#A 119

City  
JAMAICA

State Zip Code  
NY 11436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SOCIAL CONCERN COMM. CORP.

Occupation

HOME ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2014

Transaction ID : SA11AI.4961

Amount of Each Receipt this Period

60.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

**C. Candy Smith**

Mailing Address 160 W. 97ST #2J

City  
New York

State Zip Code  
NY 10025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FECS HOME ATTENDANT SERVICES

Occupation

PERSONAL CARE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2014

Transaction ID : SA11AI.4963

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

120.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

1199 32BJ/144 SERVICE EMPLOYEES INTERNATIONAL UNION HOME CARE POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

## **A. SUZANNE SMITH**

Mailing Address 168-20 111 AVE

City

Jamaica

State

NY

Zip Code

11433

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Social Concern Comm. Corp. HA

Occupation

HOME ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

11 / 30 / 2014

Transaction ID : SA11AI.4965

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

## **B. FERNANDE TONDREAU**

Mailing Address 99-27 211 PLACE

City

Queens Village

State

NY

Zip Code

11429

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Social Concern Comm. Corp. HA

Occupation

HOME ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

11 / 30 / 2014

Transaction ID : SA11AI.4967

Amount of Each Receipt this Period

10.00

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

## **C. PAULA WATKINS**

Mailing Address 2295 ANDREWS AVENUE  
 #2G

City

BRONX

State

NY

Zip Code

10468

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FECS HOME ATTENDANT SERVICES

Occupation

HOME HEALTH ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

11 / 30 / 2014

Transaction ID : SA11AI.4969

Amount of Each Receipt this Period

20.00

PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

40.00

1035.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

1199 32BJ/144 SERVICE EMPLOYEES INTERNATIONAL UNION HOME CARE POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

## **A. TD BANK**

Mailing Address 1710 ROUTE 70 EAST

City  
CHERRY HILL

State  
NJ

Zip Code  
08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.84

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 26 / 2014

Transaction ID : SA17.4880

Amount of Each Receipt this Period

36.40

INTEREST INCOME

Full Name (Last, First, Middle Initial)

## **B. TD BANK**

Mailing Address 1710 ROUTE 70 EAST

City  
CHERRY HILL

State  
NJ

Zip Code  
08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.01

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2014

Transaction ID : SA17.4881

Amount of Each Receipt this Period

40.17

INTEREST INCOME

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

76.57

76.57

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

1199 32BJ/144 SERVICE EMPLOYEES INTERNATIONAL UNION HOME CARE POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

**A. HOROWITZ & ULLMANN, P.C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2014

Mailing Address 275 MADISON AVENUE

City	State	Zip Code
NEW YORK	NY	10016

Purpose of Disbursement  
ACCOUNTING FEES

Candidate Name

Category/  
Type

Transaction ID : SB21B.4879

Amount of Each Disbursement this Period

600.00
--------

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

--

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

--

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....▶

600.00
--------

**TOTAL** This Period (last page this line number only).....▶

600.00
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